

2005 FOR PROFIT CORPORATION ANNUAL REPORT


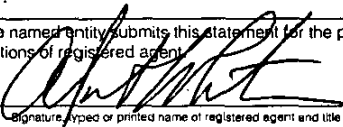
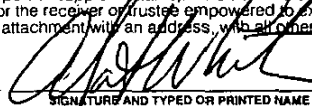
FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90178 029 ***150.00

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04082005 Chg-P CR2E034 (10/03)

DOCUMENT # P96000088137					
1. Entity Name MEADOWS MRI, INC.					
Principal Place of Business 900 GLADES RD 1A BOCA RATON, FL 33431 US			Mailing Address 5101 N.W. 21ST AVENUE SUITE 440 FORT LAUDERDALE, FL 33309 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0706123	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HERMANSON, JERRY 5101 N.W. 21ST AVENUE SUITE 440 FORT LAUDERDALE, FL 33309			Name ALAN S. WHITEMAN Street Address (P.O. Box Number is Not Acceptable) 5101 NW 21ST AVENUE SUITE 440 City FT. LAUDERDALE FL Zip Code 33309		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		ALAN S. WHITEMAN		Date 4/8/05	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITEMAN, ALAN	NAME			
STREET ADDRESS	675 NW 101ST TER	STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOROZNY, ALAN	NAME			
STREET ADDRESS	1400 NW 14TH AVE	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33486	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERMANSON, JERRY	NAME			
STREET ADDRESS	6341 NE 20TH WAY	STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COHEN, JEFFREY	NAME			
STREET ADDRESS	54 NE 4TH AVE	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH, FL 33483	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PATEL, CIRVIND	NAME			
STREET ADDRESS	3812 WABEEK LAKE DR WEST	STREET ADDRESS			
CITY-ST-ZIP	BLOOMFIELD HILL, MI 48302	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZUKER, HARRY	NAME			
STREET ADDRESS	2895 TIMBERCREEK CIR	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		ALAN S. WHITEMAN		Date 4/8/05 Daytime Phone # 954/714-9775	
(NOTE: Registered Agent signature required when reinstating)					